| Facility: | |
|-----------|--|
| Date: | |
| Surveyor: | |

Incident/Accident Review Log Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: The Incident/Accident Review Log should be used each survey during Task 2. Review the facility's incident and/or accident reports as well as any corresponding investigations and document the specified information of each report in the columns of the table. If incidents of abuse or neglect are found, follow up on the status and condition of the individual(s). Look for patterns in the reports (repeat individual involvement, staff involvement, etc.). If you believe a serious and immediate threat to individual's health and safety exists, consult Appendix Q of the State Operations Manual (SOM).

| Individual's Name | Date & Time | Place | Incident | Investigated Yes/No | Admin. Notified Yes/No | Guardian Notified Yes/No | Nurse Notified Yes/No | Staff Ratio | Prevention |
|----------------------|-------------|-------|----------|------------------------|------------------------------|-----------------------------|-----------------------------|----------------|------------|
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Citation: State Operations Manual, Appendix J

Provider Type: Intermediate Care Facility/Individuals with Intellectual Disabilities

| Facility: | |
|-----------|--|
| Date: | |
| Surveyor: | |

Incident/Accident Review Log Intermediate Care Facility/Individuals with Intellectual Disabilities

| Individual's Name | Date & Time | Place | Incident | Investigated Yes/No | Admin. Notified Yes/No | Guardian Notified Yes/No | Nurse Notified Yes/No | Staff Ratio | Prevention |
|----------------------|-------------|-------|----------|------------------------|------------------------------|-----------------------------|-----------------------------|----------------|------------|
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